

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Joe Prioleau DBA  
Joy Ride Transportation

218444 (FORM 1)  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2009-338 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Prioleau, Joe N.  
Address: 1990 Hawthorne Ave.  
Box 272 N. Chas. SC.  
29406

Telephone: 843-745-9576

Fax: NA

Other: NA

Email: NA

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input checked="" type="checkbox"/> Request expedite please            |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

RECEIVED

JUL 30 2009

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI

DATE 5-31, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Joe Prioleau DBA

~~JOE PRIOLEAU~~

Joy Ride Transportation

2. (a) Street Address of Applicant 1990 Hawthorne Dr. Box 272

North chas., S.C. 29406

(b) Mailing address, if different from street address Same as above

(c) Telephone Number 843-745-9576 Fed. ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

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PLEASE  
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: may Year: 2009

<b>Assets:</b>	
Cash	\$1,000.00
Receivables	
Real Estate	<del>1</del> manufactured Home 15,000
Buildings and Equipment-Net	N/A
Motor Vehicles-Net	6,000.00
Garage Equipment-Net	N/A
Machinery and Tools-Net	N/A
Supplies on Hand	200.00
Prepays and Other Assets	
<b>Total Assets</b>	22,200
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	Rent 157.00 month
Equipment Obligations	
Accrued Salaries and Wages	Gross income 600 wk
Other Accrued Obligations	Credit card 8,000
Other Liabilities	Terminal Fee & Insurance 240
<b>Total Liabilities</b>	
Capital Stock	N/A
Retained Earnings	N/A
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Charleston

I, Ive Priem, Owner  
(Name of Applicant's Representative) (Title)

of Joy Ride Transportation, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At Charleston South Carolina

This the 8 day of June 2009

Gloria D. Stevens  
(Notary Public)

Commission Expires: June 6 2015

Ive Priem  
(Signature of Applicant's Representative)

EXHIBIT C

CLASS C - TAXI ☒

CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant ~~J. Prioleau, Joe N. Joe Prioleau DBA Joe Ride Transportation~~

For the transportation of passengers as follows:

Area to be served: ~~TP Chas. Co. S.C.~~ State wide

Number of passengers: 1 to 5 passengers

Fares: metered; ~~As follows:~~

~~fare~~ fares \$4.00 1st. mile for 1 or 2 passengers + \$2.00 per mile, thereafter 1.00 per person if more than 2 passengers.

Date 5-31-09

Gloria D. Stevens  
By

Notary Comm Exp 6-6-2015  
Title

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

Joe N. Ehr  
(Applicant)

Date: 6-8-09

(Applicant's Representative)

Owner  
(Title)

## INSURANCE QUOTE

The following insurance quote is for:

Joe Pridemore DBA Joy Ride Transportation  
(Name of Motor Carrier)

1990 Hawthorne Dr Lot 272 W. Charleston, SC 29406  
(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance 3200.00

The above quoted premium is for a term of 12 months.

### Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

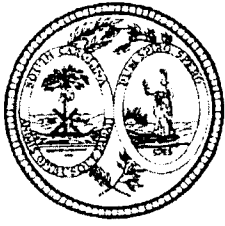
Southern United Ins Co  
(Insurance Company Name)

1245 Celebration Blvd Florence, SC 29501  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-30-2009 Jerrey Poston 843-407-4090  
Date (Authorized Insurance Company Representative)

Rev 5/07



Charles L.A. Terreni  
Chief Clerk/Administrator  
Phone: (803) 896-5133  
Fax: (803) 896-5246

## ***The Public Service Commission State of South Carolina***

COMMISSIONERS  
Elizabeth B. "Lib" Fleming, Fourth District  
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Mignon L. Clyburn, Sixth District  
Swain E. Whitfield, At-Large

Docketing Department  
Phone: (803) 896-5100  
Fax: (803) 896-5199

July 31, 2009

TO: Joe Prioleau d/b/a  
Joy Ride Transportation  
1990 Hawthorne Drive  
Box 272  
North Charleston, SC 29406

FROM: Janice Schmieding, Docketing Department

**YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):**

XXX Failed to indicate Fares on Exhibit C.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)